12/05/2006 17:30

Image# 26980181339

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

			Office Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ♥ Example:If typing, type over the lines	
L	CHARLOTTE-MECKLENBU FED PAC	IRG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYS	TEM EMPLOYEES
Ш			
ΑD	DRESS (number and street)	ATTENTION: MARY ANN ROUSE	
¥	erress (names and sass)	1 1000 BLYTHE BOULEVARD	
	Check if different than previously	CHARLOTTE	ı NC ı ı 28203 ı ı 2861
	reported. (ACĆ)	OTATION TO	20200 - 2001
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ▲	STATE A ZIPCODE A
	C00423871	3. IS THIS X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
	April 15	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
	Quarterly Report(Q July 15	1) (c) 12-Day Primary (12P)	General (12G) Runoff (12R)
	Quarterly Report(Q	2) PRE-Election Report for the: Convention (12C)	Special (12G)
	October 15 Quarterly Report(Q		Special (124)
	January 31 Quarterly Report(YE	E) Election on	in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election X General (30G)	Runoff (30R) Special (30S)
	Termination Report	Report for the:	
	(TER)	Election on 11 07	2 0 0 6 in the State of
5.	Covering Period 1 0	1 9 2 0 0 6 through 1 1	27 2006
l ce	ertify that I have examined this F	Report and to the best of my knowledge and belief it is true, correct	and complete.
Тур	oe or Print Name of Treasurer	Mary Ann Rouse	
Sig	nature of Treasurer Electron	nically Filed by Mary Ann Rouse	Date 12 05 2006
NO	TE : Submission of false, error	neous, or incomplete information may subject the person signing th	is Report to the penalties of 2 U.S.C 437g.
	Office Use		FEC FORM 3X (Rev. 02/2003)
	Only		1 ' ' ' ' ' ' ' '

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC D D 27 1.0 19 2006 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand <sup>°</sup>2006 0.00 January 1 (b) Cash on Hand at 29845.50 Begining of Reporting Period ..... 12402.18 52953.88 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 42247.68 52953.88 6(a) and 6(c) for Column B) ..... 1850.00 12556.20 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 40397.68 40397.68 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

1 9 M N м м 1 1 2<sup>D</sup>7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11558.43 44291.88 (i) Itemized (use Schedule A) .......... 836.69 8448.74 (ii) Unitemized ..... (iii) TOTAL (add 12395.12 52740.62 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 12395.12 52740.62 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 206.20 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 7.06 7.06 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 12402.18 52953.88 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 12402.18 52953.88 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS COLUMN A COLUMN B

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	206.20
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	206.20
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	10500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
96	(use Schedule F)	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1850.00	1850.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	1850.00	12556.20
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	12350.20
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	1850.00	12556.20

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12395.12	52740.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12395.12	52740.62
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	206.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	206.20
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

			_	
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 24
IT	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED NEGEIF 13		Detailed Summary Page	X   11a   11b   11c   12
				13   14   15   16   17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Kathy Bailey			Date of Receipt
	Mailing Address P. O. Box 3176			11 08 4 2006
	City	State	Zip Code	Transaction ID: SA11A1.4564
	Morganton	NC	28680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Healthca	n re Adm;inistrator	
	Receipt For: 2007		e Year-to-Date ▼	7
	Primary X General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) George Battle, III			Date of Receipt
	Mailing Address 11516 Fox Hill Drive			1 1 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.4464
	Charlotte	NC	28269	Amount of Each Receipt this Period
	FEC ID number of contributing			44.07
	federal political committee.	C		Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Attorney	n	monthly
	Receipt For: 2006	Aggregate	e Year-to-Date ▼	
	Primary X General	-	000.05	
	Other (specify) ▼		208.35	
C.	Full Name (Last, First, Middle Initial) Jerry Bryson			Date of Receipt
	Mailing Address 6503 Elfreda Rd.			1 1 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.4492
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital	n Administration	Payroll Deduction \$41.67 monthly
	Receipt For: 2006		e Year-to-Date ▼	7
	Primary X General			1
	Other (specify) ▼		208.35	
	IIPTOTAL of December This Dags (antional)		_	333.34
	UBTOTAL of Receipts This Page (optional)		······	

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 24 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a
				13 14 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	. AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Jack Chamblee, Jr.			Date of Receipt
	Mailing Address 2566 Shannon Drive			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.4476
	Belmont	VC	28012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.67
	Carolinae HealthCaro Svet-	ccupation chitect		Payroll Deduction \$41.67 monthly
	-	ggregate	Year-to-Date ▼	
	Primary X General	-		1
	Other (specify) ▼		208.35	
В.	Full Name (Last, First, Middle Initial) Paul Colavita			Date of Receipt
	Mailing Address 1001 Blythe Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4458
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	T -		41.67
				Payroll Deduction \$41.67
	Carolinae HoalthCaro Svet	ccupation nysician		monthly
		ggregate	Year-to-Date ▼	
	Primary X General	1 1		1
	Other (specify) ▼	0 0	208.35	
<u> </u>	Full Name (Last, First, Middle Initial) Sara Cole			Date of Receipt
	Mailing Address 6400 Mt. Olive Rd			1 1 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.4558
	Concord	NC	28025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Carolinae HealthCaro Svet-	ccupation dministr		
	CIII		Year-to-Date ▼	7
	Primary X General	1 1		1
	Other (specify) ▼		250.00	
_	UBTOTAL of Receipts This Page (optional)			333.34
╚	OBIOTAL OF Necelpts This Page (optional)	•••••	······	

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 24
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13	Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any perso	n for the purpose of soliciting contributions
Or		duress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	LIODITY/CAROLINIAS LICALT	LICADE SYSTEM EMDLOVEES
$\angle$	CHARLOTTE-MECKLENBURG HOSPITAL AUT FED PAC	HORITY/CAROLINAS HEALT	HOARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Leonard Feld		Date of Receipt
	Mailing Address 9620 Commons East Dr.		M M / D D / Y Y Y Y
	Apt. E		11 01 2006
	City State	Zip Code	Transaction ID: SA11A1.4506
	<u>Charlotte</u> NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		41.67
	Name of Employer Occupat Carolinas HealthCare Syst-	ion	Payroll Deduction \$41.67 monthly
	Carolinas HealthCare System Physicia	an	Monthly
	Receipt For: 2006 Aggrega	te Year-to-Date ▼	
	Primary X General	208.35	
	Other (specify) ▼	200.00	
— В.	Full Name (Last, First, Middle Initial) Frank Ford		Date of Receipt
	Mailing Address 159 Tetbury Ave.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: SA11A1.4466
	Concord NC	28025	Amount of Each Receipt this Period
	FEC ID number of contributing		83.34
	federal political committee.		65.34
	Name of Employer Occupat	ion	Payroll Deduction \$83.34
	Carolinae HealthCare Svet-	are Executive	monthly
		te Year-to-Date ▼	7
	Primary X General	416.70	
	Other (specify) ▼	410.70	
_	Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt
Ο.	Mailing Address 6836 Alexander Road		M M / D D / Y Y Y Y
			11 01 2006
	City State	Zip Code	Transaction ID: SA11A1.4495
	<u>Charlotte</u> NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		166.67
	Name of Employer Occupat Carolinas HealthCare Syst-		Payroll Deduction \$166.67 monthly
	em		
		te Year-to-Date ▼	
	Primary X General Other (specify) ▼	833.35	
	Calci (opeony) 🔻	0 0 0 0 0 0 0	
9	UBTOTAL of Receipts This Page (optional)		291.68
$\vdash$		······································	
т	OTAL This Period (last page this line number only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 24			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
"	EMIZED RECEIPTS	Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
Ar	y information copied from such Reports and Statements m	ay not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the name and a	ddress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)					
	CHARLOTTE-MECKLENBURG HOSPITAL AUT FED PAC	HORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES			
Α.	Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt			
	Mailing Address 1320 Fillmore Ave #413		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State	Zip Code	Transaction ID: SA11A1.4465			
	Charlotte NC	28203	Amount of Each Receipt this Period			
	FEO ID work or of contribution	20203	Amount of Lacif Receipt this Feriod			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Carolinas HealthCare Syst- Use I HealthCare Syst-	ion	Payroll Deduction \$1000 monthly			
	Carolinas HealthCare System HealthC	are Administration	monuny			
	Receipt For: 2006 Aggrega	te Year-to-Date ▼				
	Primary X General	4000.00	1			
	Other (specify) ▼	4000.00				
— В.	Full Name (Last, First, Middle Initial) Suzanne Freeman		Date of Receipt			
٥.	Mailing Address 8221 Buena Vista Ln		M M / D D / Y Y Y Y			
	Walling Address 0221 Buella Vista Lii		11 01 2006			
	City State	Zip Code	Transaction ID: SA11A1.4501			
	<u>Denver</u> NC	28037	Amount of Each Receipt this Period			
	FEC ID number of contributing		400.00			
	federal political committee.		400.00			
	Name of Employer Occupati	ion	Payroll Deduction \$400 mo-			
	Carolinas HealthCare Syst-	VP - CHS	nthly			
	<u>UIII</u>	te Year-to-Date ▼				
	Primary X General		1			
	Other (specify) ▼	1600.00				
_	Full Name (Last, First, Middle Initial)		-			
C.	Greg Gombar		Date of Receipt			
	Mailing Address 4625 Cotton Creek Drive		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State	Zip Code	Transaction ID: SA11A1.4486			
	<u>Charlotte</u> NC	28226	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee		800.00			
	federal political committee.					
	Name of Employer Occupati Carolinas HealthCare Syst-		Payroll Deduction \$800 mo- nthly			
	em Hospita	l Administration				
		te Year-to-Date ▼				
	Primary X General	3200.00				
	Other (specify) ▼					
			2200.00			
S	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2200.00			
т	TOTAL This Period (last page this line number only)					

## S

_				_
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10 / 24 (check only one)
•••	EIVIIZED NECEIP 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Dr. Edith Hall			Date of Receipt
	Mailing Address 1114 Belgrave Place			11 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.4539
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		
	em Receipt For: 2007		e Year-to-Date ▼	
	Primary X General		202.00	1
	Other (specify) ▼	1 1	300.00	
В.	Full Name (Last, First, Middle Initial) Janet Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Lane	M M / D D / Y Y Y Y Y 1 1 1 1 0 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.4499
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Registere		monthly
	em Receipt For: 2006		e Year-to-Date ▼	_
	Primary X General	/ iggi ogaic		1
	Other (specify)		208.35	
<u> </u>	Full Name (Last, First, Middle Initial) Peggy Harris			Date of Receipt
	Mailing Address 8911 Bridgepath Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4503
	Charlotte	NC	28269	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$41.67 monthly
	em	Vice Pres		
	Receipt For: 2006 Primary X General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		208.35	
<u> </u>	UBTOTAL of Receipts This Page (optional)			383.34

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/24
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	nts may and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Frank Harrison, MD			Date of Receipt
	Mailing Address 3741 Hearthstone Court			111 07 2006
	,	tate IC	Zip Code 28211	Transaction ID: SA11A1.4554  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Carolinae HaalthCaro Svet	cupation ysiciar		
	Receipt For: 2007 Ag  Primary X General  Other (specify) ▼	gregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) William Hubbard Mailing Address 3114 Quiet Cove			Date of Receipt  1 1 0 1 2 0 0 6
	City S	tate	Zip Code	Transaction ID: SA11A1.4479
	Tega Cay S	C	29708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			83.34
	Carolinas HéalthCare Syst- em Ho		Adminstrator	Payroll Deduction \$83.34 monthly
	Receipt For: 2006 Ag  Primary X General  Other (specify) ▼	gregate	Year-to-Date ▼ 416.70	
C.	Full Name (Last, First, Middle Initial) Scott Kerr			Date of Receipt
	Mailing Address 2027 Ferncliff Road			11 01 7 2006
	,	tate IC	Zip Code 28211	Transaction ID: SA11A1.4473  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Carolinae Hoalth Caro Syst	cupation -Foun		Payroll Deduction \$50 mon- thly
	Receipt For: 2006 Ag  Primary X General  Other (specify) ▼	gregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			383.34
Н	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
۹.	Full Name (Last, First, Middle Initial)  John Knox  Mailing Address 6530 Boykin Spaniel Rd.			Date of Receipt
		01-1-	7'- 0-1-	11 01 2006
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11A1.4494  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Carolinas HealthCare Syst- em		ce President	Payroll Deduction \$83.34 monthly
	Receipt For: 2006  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.70	
3.	Full Name (Last, First, Middle Initial) Dr. Kevin Lobdell Mailing Address 9249 Heydon Hall Circle			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	1 1 0 7 2 0 0 6  Transaction ID: SA11A1.4562
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		
	em Receipt For: 2007 Primary X General Other (specify) ▼		e Year-to-Date ▼ 275.00	
_	Full Name (Last, First, Middle Initial) Jack Lucas, MD			Date of Receipt
	Mailing Address 3716 Eastover Hills Cour	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28211	Transaction ID: SA11A1.4552
	FEC ID number of contributing federal political committee.	C	20211	Amount of Each Receipt this Period  250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	1	
	Receipt For: 2007  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			608.34
т	OTAL This Period (last page this line number on	w)		

S	SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUMBER:	PAGE 13/24
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
TI LIMIZED TIEGEN TO			Detailed Summary Page	X 11a 11b	11c   12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciti solicit contributions from s	ng contributions uch committee.		
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$\rangle$	CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMF	LOYEES
Α.	Full Name (Last, First, Middle Initial) John Marx			Date of Receipt	
٠	Mailing Address 3535 Knapdale Lane			M M / D D	
	0::	0	7' 0 1	11 08	2006
	City	State	Zip Code	Transaction ID: SA	
	Charlotte	NC	28226	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician			
	em Receipt For: 2007		Year-to-Date ▼		
	Primary X General	7.99.094.0		1	
	Other (specify) ▼	1	1000.00		
				1	
В.	Full Name (Last, First, Middle Initial) James T McDeavitt, MD			Date of Receipt	
	Mailing Address 826 Berkeley Ave.			M M / D D	/ Y Y Y Y
				11 01	2006
	City	State	Zip Code	Transaction ID: SA	11A1.4502
	Charlotte	NC	28203	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer Carolinas HealthCare Syst-	Occupation	1	Payroll Deduction S nthly	₿500 mo-
	Carolinas HealthCare Syst- em	Physiciar	ı	'''''	
	Receipt For: 2006	Aggregate	e Year-to-Date ▼		
	Primary X General		2500.00	1	
	Other (specify) ▼		2300.00		
_	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Linda Mundle, MD  Mailing Address 434 Pine Road			M M / D D	/ Y Y Y Y Y
	maining real section 454 i line read			11 01	2006
	City	State	Zip Code	Transaction ID: SA	11A1.4484
	Davidson	NC	28036	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	C			50.00
	federal political committee.				00.00
	Name of Employer	Occupation	1	Payroll Deduction S	}50 mon-
Name of Employer Carolinas HealthCare Syst- em		Physiciar	1	l trily	
	<u>VIII</u>		Year-to-Date ▼		
	Primary X General		250.00	1	
	Other (specify)		250.00		
Г				1	
s	UBTOTAL of Receipts This Page (optional)				1550.00
$\vdash$			•	-	• • • • • •
T	OTAL This Period (last page this line number of	only)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 24			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIMIZED RECEIT 13	Detailed Summary Page	X   11a     11b     11c     12     15     16     17			
Ar	y information copied from such Reports and Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the name and ad	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)		LICADE OVOTEM EMPLOYEEO			
$\angle$	CHARLOTTE-MECKLENBURG HOSPITAL AUTH FED PAC	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES			
Α.	Full Name (Last, First, Middle Initial) James Olsen		Date of Receipt			
	Mailing Address 5900 Summerston Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State	Zip Code				
	City State Charlotte NC	28277	Transaction ID: SA11A1.4488  Amount of Each Receipt this Period			
	EEO ID worth an effect of the title of	20211	Amount of Each neceipt this Period			
	FEC ID number of contributing federal political committee.		100.00			
	Name of Employer Occupation	n	Payroll Deduction \$100 mo-			
	Carolinae Haalth Caro Svet	s Manager	Tittiny			
	Jiii	e Year-to-Date ▼				
	Primary X General	500.00	1			
	Other (specify) ▼	300.00				
	Full Name (Last, First, Middle Initial) Lawrence Raymond		Date of Receipt			
Ь.	Mailing Address 2539 Summerlake Road		M M / D D / Y Y Y Y			
	Walling Addices 2559 Sulfilliellake Hodu		11 08 2006			
	City State	Zip Code	Transaction ID: SA11A1.4548			
	<u>Charlotte</u> NC	28226	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		700.00			
	Name of Employer Carolinas HealthCare Syst-		7			
	em Priysicia		_			
	Receipt For: 2007 Aggregat Primary X General	e Year-to-Date ▼	,			
	Other (specify) ▼	700.00				
_	Full Name (Last, First, Middle Initial)					
C.	F. Renfro		Date of Receipt			
	Mailing Address 811 E. Morehead St. #3		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State	Zip Code	Transaction ID: SA11A1.4500			
	<u>Charlotte</u> NC	28202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee		83.34			
	federal political committee.					
	Name of Employer Carolinas HealthCare Syst-	n	Payroll Deduction \$83.34 monthly			
	Carolinas HealthCare Syst- em Sr. VP -	Human Resources	I monuny			
		e Year-to-Date ▼				
	Primary X General	416.70	1			
	Other (specify) ▼	110.70				
	UDTOTAL (Descript This Descript This Descript		883.34			
	UBTOTAL of Receipts This Page (optional)					
۱.	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/24
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12
	· ····································			13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTHO	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Kathy Rhyne			Date of Receipt
	Mailing Address 1001 Pierpoint Drive			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.4460
	Belmont	NC	28012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Vice Pres		Payroll Deduction \$41.67 monthly
	em Receipt For: 2006		Year-to-Date ▼	
	Primary X General	39 - 3		1
	Other (specify) ▼	0 0	208.35	
В.	Full Name (Last, First, Middle Initial) Craig Richardville			Date of Receipt
	Mailing Address 17235 Glassfield Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4469
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$41.67 monthly
	Receipt For: 2006	Aggregate	Year-to-Date ▼	
	Primary X General		000.05	1
	Other (specify) ▼		208.35	
<u>с.</u>	Full Name (Last, First, Middle Initial) Geoffrey Rose, MD			Date of Receipt
	Mailing Address 315 Hempstedd Place			11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.4480
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$100 mo- nthly
	em Receipt For: 2006		Year-to-Date <b>V</b>	$\dashv$
	Primary X General	7 1991 09410		1
	Other (specify) ▼	0 0	400.00	
[s	UBTOTAL of Receipts This Page (optional)			183.34
1 1	OTAL This Period (last page this line number only	V1		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/24
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT		•	
Α.	Full Name (Last, First, Middle Initial) Charles Simonton, MD Mailing Address 1001 Blythe Blvd. Suite 3	00		Date of Receipt
	City	State	Zip Code	1 1 0 1 2 0 0 6 Transaction ID: SA11A1.4459
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Cardiolog		Payroll Deduction \$100 mo- nthly
	Receipt For: 2006  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Keith A Smith Mailing Address 2122 Dilworth Road Wes	t		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4544
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	1000.00
	Name of Employer Carolinas HealthCare System Receipt For: 2007  Primary X General Other (specify) ▼	Attorney Aggregate	Year-to-Date ▼ 3000.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) John Sullivan			Date of Receipt
	Mailing Address 1722 Bellamy Circle			11 01 2006
	City Albemarle	State NC	Zip Code 28001	Transaction ID: SA11A1.4468  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em		re Administration	Payroll Deduction \$41.67 monthly
	Receipt For: 2006  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	
s	UBTOTAL of Receipts This Page (optional)			1141.67
<b> </b>	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 24							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17							
Δr	ry information copied from such Reports and Stat	ements may	not he sold or used by any nerso								
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.							
$\setminus$	NAME OF COMMITTEE (In Full)										
	CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES							
A.	Full Name (Last, First, Middle Initial) Michael Tarwater			Date of Receipt							
	Mailing Address 2137 Dilworth Road East	Ī		11 01 2006							
	City	State	Zip Code	Transaction ID: SA11A1.4474							
	Charlotte	NC	28203	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		800.00							
Name of Employer Carolinas HealthCaro Suct		Occupation Executive		Payroll Deduction \$800 mo- nthly							
	em Receipt For: 2006		Year-to-Date ▼								
	Primary X General			1							
	Other (specify)	0 0	3200.00								
В.	Full Name (Last, First, Middle Initial) Patsy Taylor			Date of Receipt							
	Mailing Address 1955 Brittle Creek Drive			1 1 0 1 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.4472							
	Matthews	NC	28105	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		41.67							
	Name of Employer Carolinas HealthCare Syst-	Occupation Vice Pres	n sident-Administration	Payroll Deduction \$41.67 monthly							
	em Receipt For: 2006		Year-to-Date ▼								
	Primary X General		208.35	1							
	Other (specify) ▼	0 0	208.33								
C.	Full Name (Last, First, Middle Initial) Chris Teigland, MD			Date of Receipt							
	Mailing Address 700 Hungerford Place			1 1 2 1 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.4560							
	Charlotte	NC	28207	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer Carolinas HealthCare Syst-	Occupation									
	em Receipt For: 2007	Physician	Year-to-Date ▼	_							
	Primary X General	Aggregate	Teal-to-Date V	1							
	Other (specify) ▼		500.00								
\ 8	UBTOTAL of Receipts This Page (optional)			1341.67							
$\vdash$	CETAL OF HOOOIPE (This I age (optional)										
+	OTAL This Period (last page this line number on	lv)	b								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 24
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEII 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	by information copied from such Reports and Stateme	ents mav	not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Alan Thalinger			Date of Receipt
	Mailing Address 4501 Cameron Valley Parkw	vay		M M / D D / Y Y Y Y
	City	State	Zip Code	11 01 2006
	-	VC	28211	Transaction ID: SA11A1.4485  Amount of Each Receipt this Period
	FFO ID worth and for a little firm			
	federal political committee.	;		83.34
	Carolinae HealthCaro Svet-	cupation	l	Payroll Deduction \$83.34 monthly
	em		· · · · ·	_
	Receipt For: 2006 Ag Primary X General	ggregate	Year-to-Date ▼	
	Other (specify)		416.70	
		-		
B.	Full Name (Last, First, Middle Initial) Dr. Alan Thalinger			Date of Receipt
	Mailing Address 2524 Flint Grove Road			M M / D D / Y Y Y Y
	0	<u> </u>	7: 0 1	11 15 2006
	•	State	Zip Code	Transaction ID: SA11A1.4546
		<u>/C</u>	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Corolingo HoolthCoro Syot	cupation		7
	em Pri	nysician		
	Receipt For: 2007 Ag Primary X General	ggregate	Year-to-Date ▼	
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) David Thomas			Date of Receipt
	Mailing Address 1609 Penderlea Ln.			M M / D D / Y Y Y Y
	City	State	Zip Code	1 1 0 1 2 0 0 6  Transaction ID: SA11A1.4467
		VC	28105	Amount of Each Receipt this Period
	FFC ID number of contributing			
	federal political committee.	;		41.67
	Name of Employer Oc Carolinas HealthCare Syst-	cupation	1	Payroll Deduction \$41.67 monthly
	em AC	counta		
		ggregate	Year-to-Date ▼	
	Primary X General Other (specify)		208.35	
	Cario. (opposity)	0 0		'
	<u> </u>			375.01
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	373.01
Т	OTAL This Period (last page this line number only)		<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(o)	FOR LINE NUMBER: PAGE 19 / 24
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)	a a	are or any point our committee to	
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPI FED PAC	ΓAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Dennie Underwood			Date of Receipt
	Mailing Address 18324 Turnberry Ct.			1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4471
	Davidson	NC	28036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Carolinas HealthCare Syst-	Occupation VP	1	Payroll Deduction \$50 mon- thly
	em Receipt For: 2006	1	Year-to-Date ▼	_
	Primary X General	00 0		1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD			Date of Receipt
	Mailing Address 4301 Morrowick Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4483
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Carolinas HealthCare Syst-	Occupation	n are Administrator	Payroll Deduction \$83.34 monthly
	em Receipt For: 2006		Year-to-Date ▼	-
	Primary X General Other (specify) ▼	199119	416.70	
<u> </u>	Full Name (Last, First, Middle Initial) Martha Whitecotton			Date of Receipt
<b>J</b> .	Mailing Address 9526 Greyson Ridge Dr.			M M / D D / Y Y Y Y
				11 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.4505
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Carolinas HealthCare Syst- em	Occupation Vice Pres	n sident-Admin	Payroll Deduction \$83.34 monthly
	Receipt For: 2006	1	Year-to-Date ▼	
	Primary X General Other (specify) ▼		416.70	
				242.02
s	UBTOTAL of Receipts This Page (optional)			216.68
$\vdash$			·	-

TOTAL This Period (last page this line number only) .....

## S П

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 24 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\angle$	CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Donald Whiteside			Date of Receipt
	Mailing Address 4640 Snow Drive			11 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.4556
	Harrisburg	NC	28075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician		
	Receipt For: 2007	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		500.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.			Date of Receipt
	Mailing Address 6417 Seton House Lane			1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4491
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Carolinas HealthCare Syst-	Occupation	n	Payroll Deduction \$83.34 monthly
	em Receipt For: 2006	L	e Year-to-Date ▼	
	Primary X General		416.70	
	Other (specify)	0 0	410.70	
<u> </u>	Full Name (Last, First, Middle Initial) Oren M Wyatt			Date of Receipt
	Mailing Address 106 Pine Lake Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4537
	Kings Mountain	NC	28086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Vice Pres		
	Receipt For: 2007		e Year-to-Date ▼	1
	Primary X General		500.00	
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			833.34

TOTAL This Period (last page this line number only) .....

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 21/24 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Zachary J Zapack Mailing Address 1800 Camden Road 1.1 0 1 2006 Suite 107, #214 City State Zip Code Transaction ID: SA11A1.4470 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Payroll Deduction \$500 monthly Name of Employer Carolinas HealthCare Syst-Occupation Hospital Administrator em Receipt For: 2006 Aggregate Year-to-Date ▼ Primary X General 2500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<u> </u>	11558.43

# SCHEDULE B (FEC Form 3X)

	GILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	)		OR L		IUMBE	:K:			PA	IGE	22 /	24
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21k 27	ŕ	22 28a	Н	23 28b	Н	24 28c	X	25 29	26 30b
	y Information copied from such Reports and Staten													s
or	for commercial purposes, other than using the name	e and address of any politica	ı com	nm	ittee to	o solic	it conti	ribut	ons ti	om s	sucn c	comm	iittee	
$\rangle$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITA FED PAC	L AUTHORITY/CAROLI	NAS	Н	IEAL <sup>.</sup>	THC	ARE S	SYS	TEM	EMF	PLO	YEE	S	
Α.	Full Name (Last, First, Middle Initial) Bill James for County Commission						М	of D	sburs	emer	-		Y	Y
	Mailing Address PO Box 79315						1 0			25	L	2	οŏ	5
	City Charlotte	State Zip Code NC 28271					Amou	ınt o	f Each	n Disl	burse	-		-
	Purpose of Disbursement Nonfederal Contribution Candidate Name		_	0 ate	11 gory/								200.	00
		ement For:  Primary General  Other (specify)			pe									
В.	Full Name (Last, First, Middle Initial)						Trans			_	-	528		
							Date 1 0	of D		emer	nt / Y	, <u>Y</u>	o ŏ 6	Y
	Mailing Address 4521 Sharon Road Ste 350								2	25		2	0 0 6	5
	Charlotte	State Zip Code NC 28211					Amou	ınt o	f Each	n Disl	burse		this I 200.	Period
	Purpose of Disbursement Nonfederal Contribution 011								-	-			200.	00
	Candidate Name		ı		gory/ pe									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)												
C.	Full Name (Last, First, Middle Initial)  Dan Remerez for County Commission						<b>Trans</b> Date		-			517		
	Mailing Address 1041 Sundance Court						1 <sup>M</sup> 0	М	D 2	25	/ Y	ž	οŏ	S Y
	City Charlotte	State Zip Code NC 28277					Amou	ınt o	f Each	n Disl	burse			-
	Purpose of Disbursement Nonfederal Contribution				11.	1							200.	00
	Candidate Name				gory/ pe									
	Office Sought: House Senate President State: District:	ement For:  Primary General  Other (specify)												
s	UBTOTAL of Disbursements This Page (optional)					<b>&gt;</b>							600.	00
	OTAL This Period (last page this line number only)					<b>-</b> ▶								

# SCHEDULE B (FEC Form 3X)

SCILDULL B (I LOI OIIII 3A)	Use seperate schedule(s)			NE NUMB	EK:		LP	AGE	23 / 2	24
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	only one) 22 28a		23 28b	24 280	: X	25 29	26 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name										5
NAME OF COMMITTEE (In Full)	and address of any political	JOHN		JOHOIL GOIT	itiiDUl		Jili SUUII	JOHN	CC	
CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTHORITY/CAROLIN	IAS I	HEALT	HCARE	SYS	TEM I	EMPLC	YEE	S	
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	SB29.	4512		
4. Jennifer Roberts for County Commission				Date	of D	isburse		V * V	V	V
Mailing Address 619 Clement Avenue				1 1 0	) "	້	5 /	2	0 Ď 6	
	tate Zip Code			Amo	ount o	f Each	Disburs	ement	this P	eriod
Charlotte Purpose of Disbursement	NC 28204			- [					200.0	00
Nonfederal Contribution		C	)11							
Candidate Name			egory/ ype							
Office Sought: House Disburser										
Senate President	Primary General Other (specify)									
State: District:	Caron (opcomy)									
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	SB29.	4520		
3. Jim Puckett for County Commission						isburse				
Mailing Address PO Box 680965				1 (	) <sup>M</sup>	<sup>/</sup> 2	5 /	y ž	0 ŏ 6	Y
•	tate Zip Code			Amo	ount o	f Each	Disburs	ement	this P	eriod
	NC 28216								200.0	10
Purpose of Disbursement Nonfederal Contribution			)11						200.0	,
Candidate Name			egory/							
			уре							
Office Sought: House Disburser										
Senate President	Primary General  Other (specify)									
State: District:	<b></b>									
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	SB29.	4522		
Norman Mitchell for County Commission						isburse				
Mailing Address 5300 Reedham Court				1 d	) <sup>M</sup>	<sup>/</sup> 2	5 /	ž	0 Ď 6	Y
•	itate Zip Code NC 28208			Amo	ount o	f Each	Disburs	ement	this P	eriod
Purpose of Disbursement Nonfederal Contribution			)11	7 L					200.0	00
Candidate Name		Cat	egory/ ype							
Office Sought: House Disburser										
Senate President	Primary General									
State: District:	Other (specify) ▼									
						•			600.0	0
SUBTOTAL of Disbursements This Page (optional)			▶						JUU.U	
TOTAL This Period (last page this line number only)			. •							

# SCHEDULE B (FEC Form 3X)

SCHEDULE B (I LCI OIIII 3X)	Use seperate schedule(s)			IE NUMB nly one)	EK:		L	AGE	24 / 2	24
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	Н	23 28b	24	x X	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name										<u> </u>
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political	COITIII	iillee lo	SUILUI CUII	unul	0115 110	Jili Suci	COITIII	iiillee	
CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	. AUTHORITY/CAROLIN	NAS H	HEALT	HCARE	SYS	TEM I	EMPL(	OYEE	S	
Full Name (Last, First, Middle Initial)  A. Parks Helms for County Commission							SB29.	4526		
- Farks Heims for County Commission				М	М	isburse		YY	Y	Υ
Mailing Address 4901 Hadrian Way				1 0		2	25	2	0 0 6	
	State Zip Code			Amo	unt o	f Each	Disburs	semen	t this P	eriod
	NC 28211			- [					250.0	00
Purpose of Disbursement Nonfederal Contribution		0	11		-				200.0	,,,
Candidate Name		Cat	egory/ ype							
Office Sought: House Disburser Senate	ment For: Primary General									
President	Other (specify)									
State: District:	<b>,</b> , , , , , , , , , , , , , , , , , ,									
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	SB29.	4510		
Valerie Woodard for County Commission						isburse				
Mailing Address 5524 Sunfield Dr				10	М	<sup>′</sup> 2	25	ž	0 0 6	Y
,	State Zip Code NC 28215			Amo	unt o	f Each	Disburs	semen	t this P	Period
Purpose of Disbursement			-	7 L					200.0	00
Nonfederal Contribution			11							
Candidate Name			egory/ ype							
Office Sought: House Disburse										
Senate President	Primary General Other (specify) ▼									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)  Wilhelmina Rembert for County Commission				1			SB29.	4514		
Williemina hembert for County Commission	лі 			Date	м	isburse		YY	Y	Υ
Mailing Address 7338 Santorini Lane				1 0		2	25	2	0 Ď 6	
•	State Zip Code NC 28277			Amo	unt o	f Each	Disburs	semen	t this P	eriod
Purpose of Disbursement Nonfederal Contribution			11				-		200.0	00
Candidate Name		Cat	egory/ ype							
Office Sought: House Disburse			<u>.                                    </u>							
Senate	Primary General									
President State: District:	Other (specify)									
Side Side Side Side Side Side Side Side										•
SUBTOTAL of Disbursements This Page (optional)			. •	L	_				650.0	0
TOTAL This Period (last page this line number only)			. •					18	850.0	0